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|---------------------------------|---|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i> | <i>MUTM-127184271</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>United of Omaha Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48893</i> |
| <i>Company Tracking Number:</i> | <i>SHELLY KAIPUST</i> | | |
| <i>TOI:</i> | <i>MS08I Individual Medicare Supplement - Standard Plans 2010</i> | <i>Sub-TOI:</i> | <i>MS08I.001 Plan A 2010</i> |
| <i>Product Name:</i> | <i>Medicare Supplement Advertising - UL5366</i> | | |
| <i>Project Name/Number:</i> | <i>Medicare Supplement Advertising/UL5366</i> | | |

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UL5366
 SERFF Tr Num: MUTM-127184271 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
 SERFF Status: Closed-Filed-Closed State Tr Num: 48893

Sub-TOI: MS08I.001 Plan A 2010
 Co Tr Num: SHELLY KAIPUST State Status: Filed-Closed
 Filing Type: Advertisement
 Author: Shelly Kaipust
 Date Submitted: 05/26/2011
 Reviewer(s): Stephanie Fowler
 Disposition Date: 06/03/2011
 Disposition Status: Filed-Closed

Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising
 Project Number: UL5366
 Requested Filing Mode:
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 06/03/2011
 State Status Changed: 06/03/2011
 Created By: Shelly Kaipust
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Shelly Kaipust
 Filing Description:
 NAIC# 261-69868
 FEIN# 47-0322111
 United of Omaha Life Insurance Company
 Direct Response Mail Advertising
 Medicare Supplement Advertising
 Letter: UL5366
 Brochure: UC7922
 Outline of Coverage Cover: UC7923
 Carrier: UE1534

SERFF Tracking Number: MUTM-127184271 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48893
Company Tracking Number: SHELLY KAIPUST
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UL5366
Project Name/Number: Medicare Supplement Advertising/UL5366
Carrier: UE1535

Enclosed for review by your Department is a copy of the above-captioned advertising. These forms are new and are not intended to replace any previously approved forms. They will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Corporate Compliance and Ethics Division
For Questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

Company and Contact

Filing Contact Information

Michelle Kaipust, Senior Policy Drafting and Regulatory Assistant shelly.kaipust@mutualofomaha.com
Mutual of Omaha 402-351-8391 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance
Omaha, NE 68175 Group Name: State ID Number:
(402) 351-6910 ext. [Phone] FEIN Number: 47-0322111

Filing Fees

SERFF Tracking Number: MUTM-127184271 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48893
Company Tracking Number: SHELLY KAIPUST
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UL5366
Project Name/Number: Medicare Supplement Advertising/UL5366

Fee Required? Yes
Fee Amount: \$250.00
Retaliatory? No
Fee Explanation:
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|----------|----------------|---------------|
| United of Omaha Life Insurance Company | \$250.00 | 05/26/2011 | 48067923 |

| | | | |
|---------------------------------|---|-------------------------------|------------------------------|
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| <i>Filing Company:</i> | <i>United of Omaha Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48893</i> |
| <i>Company Tracking Number:</i> | <i>SHELLY KAIPUST</i> | | |
| <i>TOI:</i> | <i>MS08I Individual Medicare Supplement - Standard Plans 2010</i> | <i>Sub-TOI:</i> | <i>MS08I.001 Plan A 2010</i> |
| <i>Product Name:</i> | <i>Medicare Supplement Advertising - UL5366</i> | | |
| <i>Project Name/Number:</i> | <i>Medicare Supplement Advertising/UL5366</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Filed-Closed | Stephanie Fowler | 06/03/2011 | 06/03/2011 |

| | | | |
|---------------------------------|---|-------------------------------|------------------------------|
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| <i>TOI:</i> | <i>MS08I Individual Medicare Supplement - Standard Plans 2010</i> | <i>Sub-TOI:</i> | <i>MS08I.001 Plan A 2010</i> |
| <i>Product Name:</i> | <i>Medicare Supplement Advertising - UL5366</i> | | |
| <i>Project Name/Number:</i> | <i>Medicare Supplement Advertising/UL5366</i> | | |

Disposition

Disposition Date: 06/03/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
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| <i>TOI:</i> | <i>MS08I Individual Medicare Supplement -</i> | <i>Sub-TOI:</i> | <i>MS08I.001 Plan A 2010</i> |
| | <i>Standard Plans 2010</i> | | |
| <i>Product Name:</i> | <i>Medicare Supplement Advertising - UL5366</i> | | |
| <i>Project Name/Number:</i> | <i>Medicare Supplement Advertising/UL5366</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|---------------------------|-----------------------------|----------------------|
| Supporting Document | Memos of Variability | Filed-Closed | Yes |
| Form | Letter | Filed-Closed | Yes |
| Form | Brochure | Filed-Closed | Yes |
| Form | Outline of Coverage Cover | Filed-Closed | Yes |
| Form | Carrier | Filed-Closed | Yes |
| Form | Carrier | Filed-Closed | Yes |

SERFF Tracking Number: MUTM-127184271 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48893

Company Tracking Number: SHELLY KAIPUST

TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
Standard Plans 2010

Product Name: Medicare Supplement Advertising - UL5366

Project Name/Number: Medicare Supplement Advertising/UL5366

Form Schedule

Lead Form Number: UL5366

| Schedule Item | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------------|-------------|---------------------------------------|---------|----------------------|-------------|---------------------|
| Filed-Closed 06/03/2011 | UL5366 | Advertising Letter | Initial | | 0.000 | UL5366_Brackets.pdf |
| Filed-Closed 06/03/2011 | UC7922 | Advertising Brochure | Initial | | 0.000 | UC7922_Brackets.pdf |
| Filed-Closed 06/03/2011 | UC7923 | Advertising Outline of Coverage Cover | Initial | | 0.000 | UC7923_Brackets.pdf |
| Filed-Closed 06/03/2011 | UE1534 | Advertising Carrier | Initial | | 0.000 | UE1534.pdf |
| Filed-Closed 06/03/2011 | UE1535 | Advertising Carrier | Initial | | 0.000 | UE1535_Brackets.pdf |

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175



Medicare Supplement Acceptance Notice

[Please respond by]
<Variable Date>

Your choice of doctors* ... your choice of hospitals ... and **no out-of-pocket costs** for any Medicare-approved services or procedures.

Plus some of the **most affordable rates available!**
All from one of the most trusted names in Medicare.

[Dear John Q. Sample:]

Now that you’re turning 65, here’s good news. You are, or soon will be, eligible for **guaranteed acceptance** into a Medicare supplement insurance policy from United of Omaha Life Insurance Company.

We’re a **Mutual of Omaha** company and have been around since 1926. That means you can count on service and reliability that’s among the best in the industry. And, as a company that has safely navigated over 80 years of wars, financial crises and industry changes ... you can feel confident knowing we’ll always be just a phone call away.

Choose your own doctors, specialists and hospitals

Medicare supplement policies like the ones from United of Omaha, can offer you flexibility and freedom of choice.

For example, as long as they accept Medicare, you can use any doctor, specialist or other health care provider you like. That means you can stay with someone you’ve known for years or choose a new doctor anytime you like ...

... all with **no referrals, pre-approvals or provider network restrictions**. That same freedom of choice applies to hospitals, specialized clinics and other health care facilities.

No out-of-pocket costs, whether it’s an annual flu shot or a knee replacement

Medicare supplement policies from United of Omaha provide benefits that are in addition to Medicare, such as additional days of care, paying your annual deductibles and more.

[3] Easy
Ways to Apply



[GUARANTEED ACCEPTANCE!]
[1-800-000-0000]
[If you have questions or
to apply over the phone]



Complete and **mail** the
enclosed application



Apply **online** at
[www.mutualofomaha.com/
medicare-supplement-insurance/]

Your Medicare Supplement Benefits *at a Glance*

| | |
|---|-----|
| Choose any doctor* | YES |
| Choose any hospital* | YES |
| \$0 out-of-pocket option | YES |
| Automatically covers changes in Medicare benefits | YES |

*You can choose any doctor or hospital that accepts Medicare.

You can even select a plan that pays the [20%] copay for doctors, hospitalization and other costs that you'd otherwise be responsible for. When you consider the costs for knee or hip replacements, heart issues or other procedures and conditions that commonly affect seniors, that 20% can amount to thousands of dollars a year.

However, with coverage priced to fit your budget, you can rest easy knowing that every Medicare-approved treatment or procedure will be paid for you. You'll have [\$0 out-of-pocket] for as long as you own the plan.

The care you need at affordable rates

When considering your options, keep in mind that Medicare was never intended to pay for everything. Between deductibles and copayments, you could have high unexpected expenses every year.

[In fact, according to U.S. News & World Report, a typical 65-year-old couple will have over \$100,000 in out-of-pocket medical expenses over the course of their retirement.] That's why millions of people just like you rely on a Medicare supplement plan to help take care of some or even **all of those expenses**.

And, while all Medicare supplement plans must offer the same benefits by law, they are free to charge any price they want. That's why you should also know that United of Omaha combines over 80 years of outstanding customer service with affordable rates that fit your budget.


Your rates can never increase and your policy can't be cancelled for health reasons

Once you've selected your plan and coverage begins, **you can never be singled out for a rate increase**. In fact, regardless of your current health and any conditions you may develop down the road, you'll pay the same rate as everyone else in your plan.


In addition, **your policy can never be cancelled because of age, health or the number of claims you file**. As long as you make your premium payments (and there is no [fraud or] material misrepresentation on your application), you can keep your plan for as long as you choose without surcharges, penalties or individual up charges of any kind.

We've included everything you need

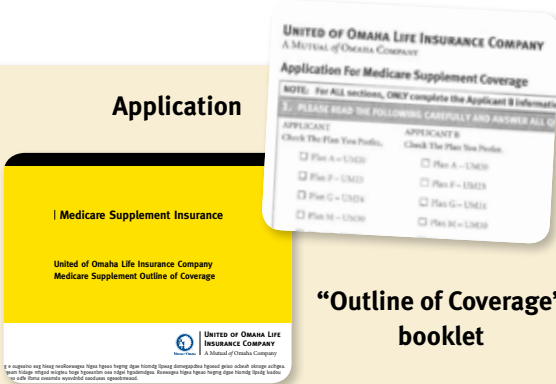
The enclosed brochure tells you how to choose and apply for the Medicare supplement plan that's right for you. In addition, you'll find a special "Application Materials" envelope inside this package. It contains an "Outline of Coverage" booklet that shows how to determine your premium, a short "calculate your premium" worksheet, your application, and other materials specific to your state.



"How to Apply" brochure



"Application Materials" envelope



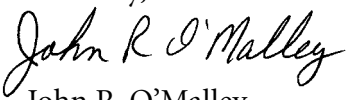
Application

"Outline of Coverage" booklet

[Open the Application Materials Envelope or call [1-800-000-0000]]

Choosing the right Medicare supplement plan isn't really hard. And we've tried to make it as easy as possible. However, if you have any questions, need any help [or simply prefer the convenience of applying over the phone,] please [call **1-800-000-0000**.] You'll reach one of our friendly, knowledgeable and helpful licensed insurance agents.

Sincerely,



John R. O'Malley
Director, Marketing Services
and Licensed Agent

[P.S. Remember, you are **guaranteed acceptance** in the plan of your choice for the 3 months preceding and following your 65th birthday. During that time, **you cannot be turned down** or charged a higher rate regardless of health or pre-existing conditions.] For more information about your guaranteed acceptance and other benefits, please call [**1-800-000-0000**.]

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed nationwide, except in NY and is solely responsible for its financial and contractual obligations. Policy forms: UM20, UM21, UM22, UM23, UM24 and UM30 or state equivalent. In ID: UM20-21698, UM23-21699, UM24-21700 and UM30-22551; in NC: UM20-21719NC, UM23-21720NC, UM24-21721NC and UM30-22567NC; in OK: UM20-21746, UM23-21747, UM24-21748 and UM30-22579; in OR: UM20R-21749, UM23R-21750, UM24R-21751 and UM30R-22581; in TX: UM20-21760, UM23-21761, UM24-21762 and UM30-22587; in WI: UM25. Not all policy forms may be available in every state. These policies have exclusions and limitations. In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age. In TX: If you receive Medicare benefits because of a disability, you may apply for a Medicare supplement Plan A; regardless of your age. IMPORTANT NOTICE – "A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE" MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM UNITED OF OMAHA LIFE INSURANCE COMPANY. This is a solicitation of insurance and a licensed agent may contact you by telephone to provide additional information.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Application for Medicare Supplement Coverage

Applicant acknowledges and agrees that if there is more than one applicant on this application, all information provided may be viewed or shared with the other applicant.

A. Plan Information

Applicant A

Check the Plan You Prefer:

☐ Plan A – UM20

☐ Plan F – UM23

☐ Plan G – UM24

☐ Plan M – UM30

Applicant B

Check the Plan You Prefer:

☐ Plan A – UM20

☐ Plan F – UM23

☐ Plan G – UM24

☐ Plan M – UM30

Reply-by-Date

Keyline

Name

Mailing Address

City

State

ZIP

If the above address is not your residence address, please state correct address

B. Applicant Information

Applicant A

Name (First/Middle/Last)

Home Phone (area code)

E-mail Address

Current Age

Date of Birth

mo

day

yr

☐ Male

☐ Female

Social Security #

Height

Weight

ft

in

lbs

Have you used tobacco in any form in the past 12 months?

☐ Y

☐ N

Applicant B

Name (First/Middle/Last)

Home Phone (area code)

E-mail Address

Current Age

Date of Birth

mo

day

yr

☐ Male

☐ Female

Social Security #

Height

Weight

ft

in

lbs

Have you used tobacco in any form in the past 12 months?

☐ Y

☐ N

Go paperless! To receive your Explanation of Benefits (EOBs) online, select "YES" below and provide your current e-mail address in Section B. If you subscribe, you will not receive paper EOBs, but instead, will receive an e-mail notification when new EOBs become available with a link to access each specific EOB. We will continue to mail EOBs if you are entitled to receive any monetary reimbursement from United of Omaha.

Receive statement online?

☐ Y

☐ N

Receive statement online?

☐ Y

☐ N

UA5978

UNITED OF OMAHA LIFE INSURANCE COMPANY • P.O. Box 3608 • Omaha, Nebraska 68103-3608

Complete your application.

Although applications vary by state, most look much like the example shown. You may also find it helpful to complete the short “Calculate Your Premium” worksheet that’s included in this kit as a practice step.

Whether you complete the practice worksheet or not, however, please be assured that the applications are much easier to fill out than at first they may appear.

[Call [1-800-000-0000]]
[if you have any questions or would like assistance.]

It’s easy to complete your application:

- **Parts A & B** Simply indicate the plan you have selected and provide your name, address and other personal information needed to issue your policy.
- **Part C** Please answer the required Medicare Questions. You must be enrolled in Medicare Part A and Part B in order to apply for the United of Omaha Medicare supplement policy.
- **Part D** Here’s where you apply your Household Discount, if eligible.
- **Parts E & F** Required questions. Please answer each question as best you can.
- **Part G** Shows additional required notices for you to read and sign.

Some states may have additional documents. The “How to apply” outline presented here is representative. Your state may have additional documents and/or different forms of these materials.

Medicare supplement insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed nationwide, except in NY and is solely responsible for its financial and contractual obligations. Policy forms: UM20, UM21, UM22, UM23, UM24 and UM30 or state equivalent. In ID: UM20-21698, UM23-21699, UM24-21700 and UM30-22551; in NC: UM20-21719NC, UM23-21720NC, UM24-21721NC and UM30-22567NC; in OK: UM20-21746, UM23-21747, UM24-21748 and UM30-22579; in OR: UM20R-21749, UM23R-21750, UM24R-21751 and UM30R-22581; in TX: UM20-21760, UM23-21761, UM24-21762 and UM30-22587; in WI: UM25. Not all policy forms may be available in every state. These policies have exclusions and limitations. In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age. In TX: If you receive Medicare benefits because of a disability, you may apply for a Medicare supplement Plan A; regardless of your age. IMPORTANT NOTICE – “A CONSUMER’S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE” MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM UNITED OF OMAHA LIFE INSURANCE COMPANY. This is a solicitation of insurance and a licensed agent may contact you by telephone to provide additional information.

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

How to choose and apply for the Medicare supplement plan that’s right for you.

Choosing the right Medicare supplement plan is easier than it may seem at first. And, a Medicare supplement policy allows you to:

- Choose any doctor you like*
- Choose any hospital you like*
- No need for referrals
- No pre-approvals for care
- No provider network restrictions

With a Medicare supplement insurance policy, you can enjoy **no out-of-pocket costs for any Medicare-approved service, treatment or procedure.** Whether it’s a routine visit or major surgery, there’s nothing you’ll have to pay yourself.

What’s more, with a Medicare supplement policy from United of Omaha Life Insurance Company, you also get some of the most competitive rates in the country. And, since we’re a Mutual of Omaha company, you also get a 100-year reputation for reliability and stability that’s among the best in the industry.

[For help or to
apply over the phone]

[Call 1-800-000-0000]

See inside for easy-to-follow application instructions.

*You can choose any doctor or hospital that accepts Medicare.

UC7922

» How to choose your policy

Medicare supplement plans at a glance.

Medicare supplement policies are organized by Plan type, lettered Plan A, Plan B, and so forth. By law, every insurance company must offer the same benefits in each Medicare supplement plan type. (Medicare Advantage is different and plans can vary from one company to the next.)

The plan descriptions that appear in the [yellow] “Outline of Coverage” booklet (included in the application materials envelope) show the required language. But here’s a shorthand explanation of the plan differences. (Please note, not all plans are available in all states.)

Summary of your options:

Plan A: This basic plan pays 365 days of additional hospitalization after Medicare benefits end, plus your Medicare Part B coinsurance, plus your [\$283] and [\$566] per day copayments for extended hospitalizations.

Plan B: Includes all the benefits of Plan A, plus pays your annual [\$1,132] Medicare Part A deductible.

Plan C: Includes all Plan A basic benefits plus your annual [\$1,132] Medicare Part A deductible, your Medicare Part B deductible, your Skilled Nursing coinsurance and emergency medical treatment if you’re traveling outside the country.

Plan D: Includes all Plan C benefits except the Medicare Part B deductible.

Plan F: The most complete plan, includes all benefits through Plan C plus [100%] of your Medicare Part B “excess charges.” That’s the amount of fees, services and other medical expenses that are over Medicare-approved amounts.

Plan G: Similar to Plan F, but does not include the Medicare Part B deductible.

Plan M: Includes all Plan C benefits *except* the Medicare Part B deductible and covers 50% of the Part A deductible.

How to decide which plan is best for you.

John and Beth wanted the predictability of knowing that any Medicare-approved service or procedure (from a routine visit to hip replacement) would be paid for with [\$0 out-of-pocket.] So they chose Plan F, the most comprehensive plan offered.**

Mary, on the other hand, felt she had enough cash set aside to cover any treatment costs that were above the Medicare-approved limits. She felt a lower monthly cost fit her needs better, so she chose the more basic coverage of Plan A.**

To decide which is best for you, we recommend you use the plan summary above or the one that’s printed inside the cover of the yellow “Outline of Coverage” booklet enclosed. Decide which plan you like best, then follow the steps on the next page.



**Fictitious examples above are meant to portray situations our customers may or could have faced for purposes of illustration and are not actual testimonials.

» How to apply

STEP 1

Decide which plan you like best.

Open the application materials envelope and find the yellow “Outline of Coverage” booklet. Then, select the plan that best meets your needs, using either the plan summaries on the inside front cover or the more detailed descriptions in the back half of the booklet.



STEP 2

Once you decide which plan you prefer:

- Find your zip code in the charts appearing in the front pages of the “Outline of Coverage”* booklet
- Choose the nontobacco or tobacco rate chart
- Find your gender and current age
- Read across to find the rate for your preferred plan

ZIP CODES: 500-502, 504-506, 508, 512-515, 5

| Plan A | Plan F | Plan G | Plan M | Plan N | Attained Age | Plan A |
|--------|--------|--------|--------|--------|--------------|--------|
| UM20 | UM23 | UM24 | UM30 | UM31 | | UM20 |
| 58.88 | 85.34 | 69.95 | 66.63 | 63.58 | 65 | 61.98 |
| 58.88 | 85.34 | 69.95 | 66.63 | 63.58 | 66 | 61.98 |
| 61.18 | 88.67 | 72.68 | 69.24 | 66.06 | 67 | 65.09 |
| 63.58 | 92.14 | 75.53 | 71.94 | 68.65 | 68 | 68.36 |
| 66.06 | 95.74 | 78.48 | 74.76 | 71.33 | 69 | 71.81 |
| 68.51 | 99.30 | 81.39 | 77.53 | 73.97 | 70 | 75.29 |
| 71.26 | 103.29 | 84.65 | 80.64 | 76.94 | 71 | 79.18 |
| 74.08 | 107.37 | 88.01 | 83.83 | 79.99 | 72 | 83.24 |
| 76.94 | 111.50 | 91.39 | 87.06 | 83.07 | 73 | 87.42 |
| 79.81 | 115.67 | 94.81 | 90.31 | 86.17 | 74 | 91.73 |
| 82.55 | 119.63 | 98.06 | 93.41 | 89.13 | 75 | 95.98 |
| 85.37 | 123.72 | 101.41 | 96.61 | 92.18 | 76 | 100.44 |
| 87.71 | 127.11 | 104.19 | 99.25 | 94.70 | 77 | 103.19 |
| 90.07 | 130.54 | 107.00 | 101.93 | 97.26 | 78 | 105.97 |
| 92.63 | 134.24 | 110.02 | 104.81 | 100.01 | 79 | 108.96 |
| 95.15 | 137.89 | 113.02 | 107.66 | 102.73 | 80 | 111.93 |
| 98.39 | 142.58 | 116.87 | 111.33 | 106.22 | 81 | 114.40 |
| 101.62 | 147.28 | 120.71 | 114.99 | 109.73 | 82 | 116.80 |
| 104.85 | 151.95 | 124.55 | 118.64 | 113.21 | 83 | 119.15 |
| 108.08 | 156.63 | 128.38 | 122.30 | 116.69 | 84 | 121.43 |

*Some states may have additional documents. The outline presented here is representative. Your state may have additional documents and/or different forms of these materials.

STEP 3

Calculate your household discount.

If you and your spouse, or someone you have been living with for at least 12 months, are both applying for coverage – or if that person already has a Medicare supplement plan from a Mutual of Omaha company – you are entitled to a [7%] discount. If you’re eligible for the discount, multiply your premium by [.93].



| Medicare Supplement Insurance

United of Omaha Life Insurance Company Medicare Supplement Outline of Coverage



How to use this booklet:

Medicare plan descriptions can sometimes seem confusing. To help you choose the plan that's best for you, we have included the brief summaries below. If you'd like more information or have questions, just call [**1-800-000-0000**.] [For added convenience, **you can even apply right over the phone.**]



Plan A: This basic plan pays 365 days of additional hospitalization after Medicare benefits end, plus your Medicare Part B coinsurance, plus your [\$283] and [\$566] per day copayments for extended hospitalizations.

Plan B: Includes all the benefits of Plan A, plus pays your annual [\$1,132] Medicare Part A deductible.

Plan C: Includes all Plan A basic benefits plus your annual [\$1,132] Medicare Part A deductible, your Medicare Part B deductible, your Skilled Nursing coinsurance and emergency medical treatment if you're traveling outside the country.

Plan D: Includes all Plan C benefits *except* the Medicare Part B deductible.

Plan F: The most complete plan, includes all benefits through Plan C plus [100%] of your Medicare Part B "excess charges." That's the amount of fees, services and other medical expenses that are over Medicare-approved amounts.

Plan G: Similar to Plan F, but does not include the Medicare Part B deductible.

Plan M: Includes all Plan C benefits except the Medicare Part B deductible and covers 50% of the Part A deductible.

Once you've found the plan that's right for you, use the ZIP code charts for your state to locate the first 3 digits of your ZIP code (in some states, 5 digits may be shown). Then use [either the non-tobacco or tobacco] rate tables to find the base monthly premium for [your age and gender.] Then, simply follow the instructions on the application for calculating any additional rate factors that may apply, [as well as your household discount (if you qualify.)]

Again, for quick answers from our knowledgeable and friendly customer support team, call [**1-800-000-0000**.]

Thank you!

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

PRSRT STD
U.S. POSTAGE
PAID
CITY, STATE
PERMIT NO. XXXX

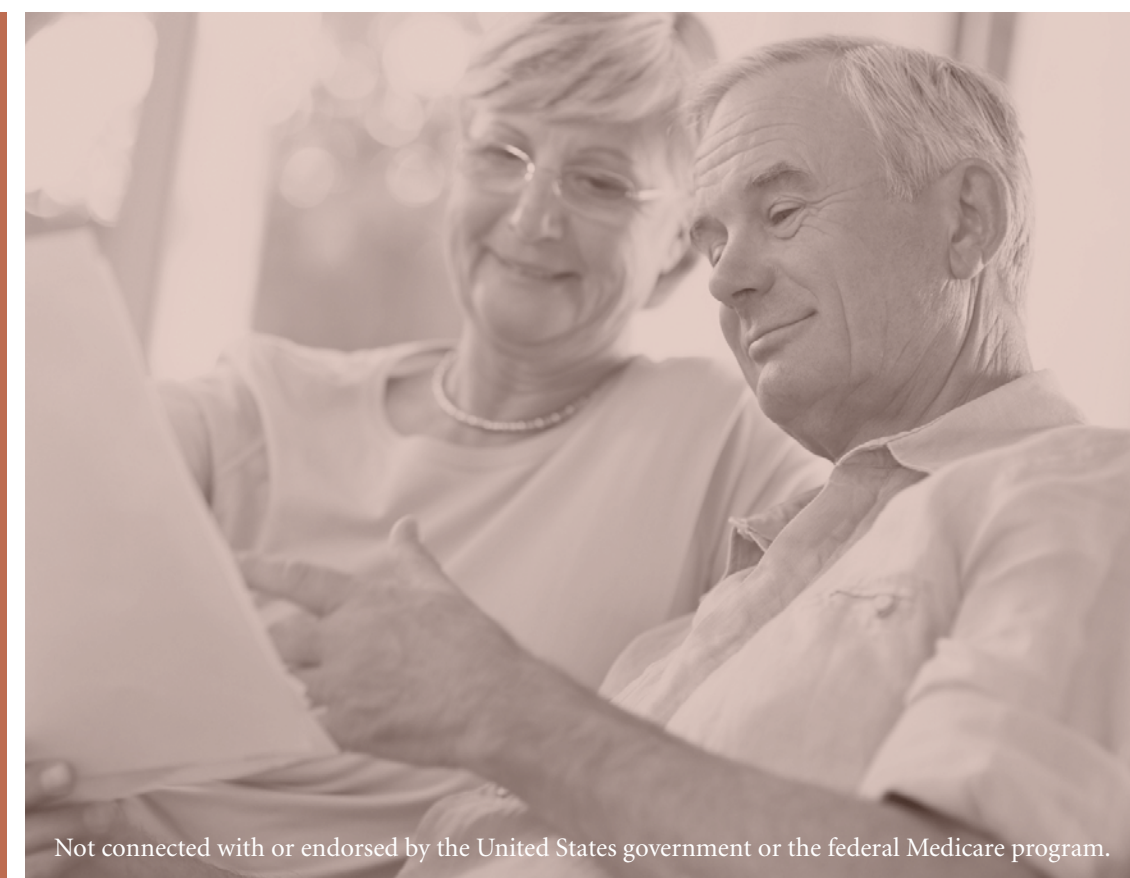
<John Q. Sample>
<Address line 1>
<Address line 2>
<Address line 3>



The care you need
at the *price you want*



UE1534



Not connected with or endorsed by the United States government or the federal Medicare program.

Bleed



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175

[Easiest way to apply!]

[Call [1-800-000-0000]]

[For answers to your questions or to apply over the phone.]

<John Q. Sample>
<Address line 1>
<Address line 2>
<Address line 3>
| | | | | | | | | | | | | | | | | | | | | |

**[Or, just follow the
instructions and return
the application enclosed.]**

Your Medicare Supplement Application Materials Enclosed

UE1535

Not connected with or endorsed by the United States government or the federal Medicare program.

No Ink Area

No Ink Area

No Ink Area

| | | | |
|---------------------------------|---|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i> | <i>MUTM-127184271</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>United of Omaha Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48893</i> |
| <i>Company Tracking Number:</i> | <i>SHELLY KAIPUST</i> | | |
| <i>TOI:</i> | <i>MS08I Individual Medicare Supplement - Standard Plans 2010</i> | <i>Sub-TOI:</i> | <i>MS08I.001 Plan A 2010</i> |
| <i>Product Name:</i> | <i>Medicare Supplement Advertising - UL5366</i> | | |
| <i>Project Name/Number:</i> | <i>Medicare Supplement Advertising/UL5366</i> | | |

Supporting Document Schedules

| | | |
|--------------------------|---------------------|---------------|
| | Item Status: | Status |
| Satisfied - Item: | | |
| | | |
| Comments: | | |
| Attachments: | | |
| UL5366_MOV.pdf | | |
| UC7922_Memo of Var.pdf | | |
| UC7923_MOV.pdf | | |
| UE1535_MOV.pdf | | |
| | Filed-Closed | Date: |
| | | 06/03/2011 |

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UL5366

The following information in the aforementioned advertisement is bracketed to denote variable fields.

| <u>Variable and Location</u> | <u>Explanation</u> |
|--|---|
| [Please respond by]-located on upper, right-hand side of front page of letter | This statement will either appear or not appear. |
| [3 Easy Ways to Apply]-located on right-hand side of front page of letter above icons | One of the following will appear: A. 3 Easy Ways to Apply B. It's Easy to Apply C. Apply Now! |
| [Telephone icon]-located on right-hand side of front page of letter | Will appear if using messages that prompt consumers to call to apply or call if they have questions or need more information. |
| [Guaranteed Acceptance]-located on right-hand side of front page of letter | One of the following statements will appear: A. Guaranteed Acceptance B. Call toll-free |
| [1-800-000-0000] – located on right-hand side of front page of letter | Phone number may change. |
| [If you have questions or to apply over the phone]-located on right-hand side of front page of letter | One of the following statements will appear: A. If you have questions or to apply over the phone B. To apply over the phone C. If you have questions or need more information |
| [Computer icon, Apply online at [www.mutualofomaha.com/medicare-supplement-insurance/]]-located on right-hand side of front page of letter | One of the following statements will appear: A. Apply online at B. Fill out and submit your application online at C. For more information go online to D. None of the above statements or the icon will appear. “Apply online at” or “Fill out and submit your application online at” are future options when Company websites support online applications. Appropriate actions will be taken to ensure application and other materials are compliant. |
| [www.mutualofomaha.com/medicare-supplement-insurance/]-located under computer icon on front page of letter | The website URL may change. Only approved and compliant website URLs will be used. |
| [20%] –located in first paragraph on 2 nd page | Percentage may change. |
| [\$0 out-of-pocket] located in second paragraph on 2 nd page | Dollar amount may change. |
| [In fact, according to U.S. News & World Report, a typical 65-year old couple will have over \$100,000 in out-of-pocket medical expenses over the course | This statement will either appear or not appear. |

| | |
|---|--|
| of their retirement.] – Inset paragraph located under subheading-The care you need at affordable rates-on 2 nd page of letter | |
| [fraud or] – located in 5 th paragraph on 2 nd page of letter | This phrase will be removed when mailing to states that do not allow “fraud” language, currently NC. |
| [Open the Application Materials Envelope or call [1-800-000-0000]]- located under graphics on 2 nd page of letter | One of the following statements will appear: A. Open the Application Materials or call [1-800-000-0000] B. Open the Application Materials— Everything you need to apply is inside Phone number may change. |
| [or simply prefer the convenience of applying over the phone,] – located in paragraph under graphics on 2 nd page of letter | This phrase will be left in when using apply by phone message; when using reply by mail option this phrase will be removed. |
| [call 1-800-000-0000] - located in paragraph under graphics on 2 nd page of letter | Phone number may change. |
| Signature, Licensed Agent Name, Title [John R. O’Malley] [Director, Marketing Services] [Licensed Agent]– located above disclaimers on page 2 | First and last name of the licensed agent. Agent’s position within the company. All solicitation letters will be signed by a licensed agent. |
| [P.S. Remember, you are guaranteed acceptance in the plan...]-last paragraph above disclaimer on 2 nd page | One of the following statements will be used: A. P.S. Remember, you are guaranteed acceptance in the plan... B. “ Your Acceptance is Guaranteed as long as you are 64 ½ or older and enrolled in Medicare Part B.” – <i>will be used in states that do not have an open enrollment period, currently CT.</i> |
| [1-800-000-0000] – last paragraph above disclaimer on 2 nd page | Phone number may change. |

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UC7922

The following information in the aforementioned advertisement is bracketed to denote variable fields.

| <u>Variable and Location</u> | <u>Explanation</u> |
|---|--|
| [For help or to apply over the phone]-located on front page of brochure, lower right-hand side. | One of the following statements will be used: A. For help or to apply over the phone B. To apply over the phone C. Fill out the easy-to-complete application ... D. It's easy to apply E. Questions? F. Apply online "Apply online is a future option when Company websites support online applications. Appropriate actions will be taken to ensure application and other materials are compliant. |
| [Telephone icon] – located on front page of brochure, lower right-hand side. | One of the following icons will be used: A. Telephone icon-will be used with "call to apply" message B. Envelope Icon-will be used with "mail in" application message C. Computer icon-will be used with "apply online" message D. No icon will be used |
| [Call [1-800-000-0000]]-located on front page of brochure, lower right-hand side. | One of the following statements will be used: A. Call [1-800-000-0000] B. Call toll-free, [1-800-000-0000] C. And mail it to us -in the enclosed postage-paid envelope D. Just go to [www.unitedofomaha.com] This URL or an approved Company website URL will be used or no website URL will appear. Phone number may change. |
| [Yellow]-located in first sentence of second paragraph on inside page of brochure | The color of the Outline of Coverage booklet cover may change. |
| [\$0 out-of-pocket] –located in first paragraph next to photo on inside page of brochure | Dollar amount may change. |
| [1-800-000-0000]-phone number on image of carrier, top of 2 nd inside page | Phone number may change. |
| [7%] –located in paragraph by Step 3, lower left-hand side of page 3 | Percent of discount may change or vary from state to state. |
| [.93]- located in paragraph by Step 3, lower left-hand side of page 3 | Number may change. |
| [Telephone icon]-located by Step 4 on back page of brochure | One of the following will apply: A. Telephone icon will appear when using call to apply or call for more information or questions messaging is used B. Envelope icon will be appear if mail response messaging is used |

| | |
|--|---|
| | <p>C. Computer icon will be used if apply online or directing consumer to website for more information.</p> <p>D. No icon will be used.</p> |
| [Call [1-800-000-0000]]-located by Step 4 on back page of brochure | <p>One of the following statements will be used:</p> <p>A. Call [1-800-000-0000]-used with telephone icon</p> <p>B. Call toll-free [1-800-000-0000]-used with telephone icon</p> <p>C. Sign and send in your application!-used with envelope icon</p> <p>D. Go to [www.unitedofomaha.com] –used with computer icon (This URL or an approved Company website URL will be used or no website URL will appear.)</p> <p>E. No statement will appear.</p> <p>Phone number may change.</p> |
| [If you have any questions or would like assistance.]-located by Step 4 on back page of brochure | <p>One of the following statements will be used:</p> <p>If you have any questions or would like assistance.</p> <p>A. To apply now by phone.</p> <p>B. For more information.</p> <p>C. To apply online or for more information.</p> <p>“To apply online or for more information.” is a future option when Company websites support online applications. Appropriate actions will be taken to ensure application and other materials are compliant.</p> |

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UC7923

The following information in the aforementioned advertisement is bracketed to denote variable fields.

| <u>Variable and Location</u> | <u>Explanation</u> |
|---|--|
| [If you'd like more information or have questions, just call [1-800-000-0000]]-located in last sentence of first paragraph. | One of the following statements will appear: A. If you'd like more information or have questions, just call [1-800-000-0000]. B. If you'd like to talk with a licensed agent about the plans, just call [1-800-000-0000] Phone number may change. |
| [For added convenience, you can even apply right over the phone]-located in the last line of the first paragraph | This statement will either appear if offering the consumer the option to apply by phone or it will not appear if using mail reply option only. |
| [Plan A: This basic plan pays ...]-located in gray-box in center of page | Plan information may vary depending on the state being mailed and plan availability: In NJ: Plans A, B, C, F, G, M In CT: Plans A, C, D, F, G In MO-Plans A, C, D, F, G, M In MI: Plans A, C, F, G, M In WI: Basic Plan only In all other UMS states: Plans A, F, G, M |
| [either the non-tobacco or tobacco]-located in second sentence of second paragraph under gray box. | This phrase will either appear if mailing states that allow tobacco/non-tobacco rating or not appear if tobacco/non-tobacco rating is not allowed, currently CT. |
| [for your age and gender] – located in paragraph under gray box | One of the following statements will appear: A. For your age and gender B. For your age (ID, TX) C. It will not appear (CT) |
| [as well as your household discount (if you qualify)]- located in paragraph under gray box. | This phrase will appear if states allow household discount, or will not appear if states do not allow household discount (CT). |
| [1-800-000-0000] | Phone number may change. |

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UE1535

The following information in the aforementioned advertisement is bracketed to denote variable fields.

| <u>Variable and Location</u> | <u>Explanation</u> |
|--|--|
| [Easiest way to apply!]-Top line on front of carrier. | One of the following statements will appear: A. Easiest way to apply! B. The care you need at the price you want. C. Questions? We can help. |
| [Call [1-800-000-0000]]-Located on front of carrier above box. | One of the following statements will appear: A. Call [1-800-000-0000] B. Price, Price, Price C. Call toll-free [1-800-000-0000] Phone number may change. |
| [For answers to your questions or to apply over the phone]-located in box in center of page | One of the following statements will appear: A. For answers to your questions or to apply over the phone B. For answers to your questions or for more information C. To apply over the phone D. For more information |
| [Or, just follow the instructions and return the application enclosed]-located on front of carrier under box | One of the following statements will appear: A. Or, just follow the instructions and return the application enclosed. B. It's easy to apply, just follow the instructions and return the enclosed application. |